ACC.11
60th Annual Scientific Session & Expo

E1398
JACC April 5, 2011
Volume 57, Issue 14

VALVULAR HEART DISEASE

# PATIENT'S DISCHARGE DISPOSITION AND SURVIVAL FOLLOWING CORONARY ARTERY BYPASS SURGERY: DOES IT REALLY MATTER?

ACC Poster Contributions
Ernest N. Morial Convention Center, Hall F
Tuesday, April 05, 2011, 9:30 a.m.-10:45 a.m.

Session Title: Adult Cardiothoracic : Predictors of Outcome
Abstract Category: 18. Adult Cardiothoracic Surgery/Valvular Surgery
Session-Poster Board Number: 1153-78

Authors: *Niv Ad, Linda Halpin, Linda Henry, Sari D. Holmes, Sharon Hunt, Shalin Desai, Shrinivas Hebsur, Alan Speir, Inova Heart and Vascular Institute, Falls Church, VA, Cardiac Vascular & Thoracic Surgery Associates, Falls Church, VA*

**Background:** Since 2001, it was observed that patients discharged to skilled nursing facilities (SNF) had poor survival rates compared to those discharged home. In 2008 a concerted effort was made to reduce the number of patients discharged to a SNF at our institution. In this report, we investigated the effect of this practice change on survival following CABG surgery.

**Methods:** We evaluated 6,813 consecutive isolated CABG patients discharged alive to a SNF or home since 2001. The cohort of patients from 2001-2007 (n=5,645) were compared to the cohort from 2008-2010 (n=1,168). Kaplan-Meier survival analysis compared those discharged to a SNF versus those discharged home and stratified by year cohort.

**Results:** Patients discharged to a SNF were significantly older (73 vs 62, $p<0.001$), sicker (EuroSCORE 8.6 vs 4.3, $p<0.001$), female (45% vs 19%, $p<0.001$), had more history of previous stroke (19% vs 4%, $p<0.001$), and more perioperative complications (58% vs 23%, $p<0.001$). In 2008-2010, significantly fewer patients were discharged to a SNF (40/1168) versus those in 2001-2007 (294/5645, $p<0.02$). Survival in the 2001-2007 cohort was markedly reduced for the SNF patients compared to those discharged home ($p<0.001$). In the 2008-2010 cohort there was no difference in survival between the two disposition groups ($p=0.59$). Cox proportional hazards modeling indicated that after adjustment for year cohort, the group discharged to a SNF had significantly worse survival compared to the group discharged home (HR=5.63, $p<0.001$).

**Conclusions:** A change in practice at our institution increased discharges to home and reduced discharges to SNFs following CABG surgery, thereby improving survival. Regardless of year cohort, survival was reduced in the patients who were discharged to a SNF. Patients who survive to hospital discharge after a complicated postoperative course should be discharged with access to more resources than are available at a skilled nursing facility.